

POSITION	ID NO.	DATE
CLASSIFIER		5 13-97
EXAMINER		100
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
1	9/1/87 6/3/88
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SYMBOLS

<	..... Rejected
=	..... Allowed
-	(Through numerical) Canceled
+	..... Restricted
N	..... Non-elected
I	..... Interference
A	..... Appeal
O	..... Objected

Claim	Date
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